

1. Aircraft Accident reporting list
2. AIRCRAFT ACCIDENT AND INCIDENT REPORTING FORM
3. Equipment
4. Definitions

Accident: An aircraft accident involves some degree of damage or injury associated with the operation of an aircraft.

Someone must be on the plane with the intention of flying in it when the event occurs.

Fatal Injury or serious injury:

- Being in the aircraft
- Direct contact with the aircraft
- Person is hospitalized for more than 48 hours within 7 days of injury.
- Person sustains 2nd or 3rd degree burns affecting more than 5 % of body.

Aircraft sustains damage or structural failure:

- Structural strength
- Flight characteristics
- Require major repair

Exception:

Engine, cowlings or accessories, props, wing tips, antennae, tires, brakes, fairings, small dents or puncture holes in aircraft skin.

Incident: Anything other than an accident worth reporting IAW NTSB 830.

VTRANS will visit the site any time there is an incident or accident.

FSDO will visit the site any time there is a

Fatal accident.

Possible Enforcement issue

NTSB will visit the site any time there is a

Multiple Fatality accident, Part 91

Fatal accident Part 135, 121.

5. On Scene: What to do.

Aircraft Accident Reporting

Aircraft Accidents and Incidents in Vermont

Emergency Notification Personnel - Vermont

Contact one of the following Agency Personnel, *in order as listed.*

1. Richard Turner
(802) 371-7696 (cell – primary)
(802) 828-2833 (W)
(802) 223-1071 (H)

2. Thomas Trudeau
(802) 786-8881 (W)
(802) 775-5795 (H)

3. **Guy Rouelle**
(802) 522-9995 (cell – primary)
(802) 828-1083 (W)
(802) 456-8797 (H)

4. Thomas Winans
(802) 626-3353 (W)
(802) 626-3604 (H)
(802) 793-7933 (cell)

5. Don DeGraw
(802) 786-3824 (W)
(802) 537-4051 (H)

6. Jason Owen
(802) 828-5752 (W)
(802) 479-3602 (H)



State of Vermont
Agency of
Transportation
One National Life
Drive
Drawer 33

VTrans *Working to Get You There*

Phone: (802) 828-1083 Fax: (802) 828-2848

AIRCRAFT ACCIDENT AND INCIDENT REPORTING FORM

(For initial report of Aircraft Accident or Incident)

1. Date and Time of Report: _____
2. Name of Reporting Party: _____
Address: _____
Telephone: _____
3. Date and Time of Accident or Incident: _____
4. A/C Tail #: _____ Make / Model: _____
5. Name of Pilot: _____
Address: _____
Telephone: _____
6. Location of Accident: _____

7. Description of Accident or Incident: _____

8. # of Passengers: _____ Names: _____

9. Extent of Injuries: _____

10. Aircraft fire? Yes / No 11. Is wreckage secure? Yes / No
12. Witnesses? Yes / No If Yes, have each witness fill out witness statement.
Names: _____
13. Controlling Agency: _____ FSDO / NTSB Notified? Yes / No
14. Submitted by: _____

